

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

26637

State File No. _____

No. 300
10-48

FILED AUG 18 1955

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5578 Registrar's No. 299

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY OR TOWN <u>Keosau, Rural</u> c. LENGTH OF STAY (in this place) <u>3 week</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>805 Lake Drive</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u> c. CITY OR TOWN <u>Creighton</u> d. Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>805 Lake Drive</u>	
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3. NAME OF DECEASED (Type or Print) <u>JAMES</u>	a. (First) <u>JAMES</u>	b. (Middle) <u>K</u>	c. (Last) <u>MAZPIN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 7 1955</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>December 6 1872</u>	9. AGE (In years last birthday) <u>82</u>	UNDER 1 YEAR MONTHS _____ DAYS _____	IF UNDER 18 HRS. HOURS _____ MIN. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Creighton Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Mazpin</u>	13b. MOTHER'S MAIDEN NAME (Specify) <u>Elinbeth Mazpin</u>	14. NAME OF HUSBAND OR WIFE <u>Lorain Mazpin</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give year of dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Hazel Paden - 805 Lake</u>	ADDRESS <u>805 Lake Drive</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Acute Cardiac Failure</u>		<u>1 wk.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardio Disease</u>		<u>1 1/2 yrs.</u>
	DUE TO (c) <u>Generalized Arteriosclerosis</u>		<u>1 1/2 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>443'X</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 28 July, 1955, to 7 Aug., 1955, that I last saw the deceased alive on 7 Aug., 1955, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James W Downing M.D.</u>	23b. ADDRESS <u>425 E 63rd. K.C. Mo.</u>	23c. DATE SIGNED <u>7 Aug 55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Aug 8 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Parker Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Creighton Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8-8-55</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Wich, Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Chas E. Wiest*.....

Licensed Embalmer No. *964*

P. O. Address *K. C. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.